

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
*101538686*  
APPLICANT(S)

FILING DATE

*01/10/05*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2		/				
3		/				
4		/				
5		/				
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49						
50						
TOTAL IND.		2				
TOTAL DEP.		11				
TOTAL CLAIMS		13				

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IND.	DEP.	IND.	DEP.
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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			